11/07/11

To the Senate Community Affairs Reference Committee inquiry into Commonwealth Funding and Administration of Mental Health Service,

I am a clinical psychologist who has worked in the South Australian public mental health service and as a private practitioner since 2007. I am writing in response to some of the terms of reference of the Inquiry on Commonwealth Funding and Administration of Mental Health Services, which I have found very concerning. Please see below.

(a) the Government's 2011-12 Budget changes relating to mental health;
(b) changes to the Better Access Initiative, including:
(i) the rationalisation of general practitioner (GP) mental health services,
(ii) the rationalisation of allied health treatment sessions,
(iii) the impact of changes to the Medicare rebates and the two-tiered rebate structure for clinical assessment and preparation of a care plan by GPs, and

I have heard that there is a recommendation for all psychologists, both registered and clinical, to be paid at the lower rate which registered psychologists currently receive. As the payment for registered psychologists is significantly lower than that for clinical psychologists, this would have an adverse impact financially for clinical psychologists and likely for consumers also, who may be required to pay a larger gap. Those with significant financial concerns may then be excluded from receiving the specialist psychology services provided by clinical psychologists, such as myself. There could also be big loss to the community as clinical psychologists may choose, or have to cease practising, if it becomes no longer financially viable. This seems likely to me if such cuts occur. The public mental health system would not, in my opinion, be able to offer services to all those who would no longer be able to access it privately, hence a great proportion of the public in need of care would go without it.

There is a significant difference in level of training and qualifications between registered and clinical psychologists. Clinical psychologists have completed a minimum of 6 years tertiary training, including post-graduate study. Growing numbers of clinical psychologists are also continuing their studies with engaging in a PhD. To become a member of the College of Clinical Psychologists you must meet the following criteria.

An accredited Doctorate degree in clinical psychology followed by a minimum one year full-time equivalent supervised practice; OR

An accredited Masters degree (or combined PhD/Masters) in clinical psychology, followed by a minimum of two years of supervised practice.

Hence, in effect, a minimum of 8 years training, plus ongoing professional development to maintain your registration, is required to be a clinical psychologist. Registered psychologists, however, need only to have completed 4 years of tertiary training, until Honours level, and two years of placement in the field. They are not required to complete post-graduate education, hence do not have the same background training and expertise as clinical psychologists, who are thoroughly qualified to diagnose and treat complex cases with evidence-based therapies, and administer and

interpret psychometric tests. For these reasons clinical psychologists can identify themselves with this specialist title and receive a higher rebate from Medicare. In fact, I and my colleagues would argue that the rebate is too low and should be increased for clinical psychologists. The Australian Psychological Society currently recommends $218 as the fee for a 45-60 minute consultation. This is clearly much higher than the current rebate for clinical psychologists, $119.80. It is also to be noted that departments on health in the US and UK clearly define clinical psychology as a specialist field within psychology.

This change could have an adverse impact on universities. Why would any one choose to enrol in Masters or Doctorate programs given the high cost and time involved, when you would not end up earning any more than someone who has not done such study? I certainly would not.

Clinical psychologists are dedicated to completing high quality post-graduate training, maintaining up-to-date skills and knowledge, and continually enhancing their expertise. There is no doubt in my mind that the health care system rewards other disciplines such as medicine and nursing, for doing so. These actions seem to be punishing clinical psychologists. Again, I believe these cuts would result in lack of accessibility for the public to receive effective psychological intervention.

To summarise, I believe that the Medicare rebate for clinical psychologists should definitely not be dropped and that the two-tier system should remain. I would also argue that an increase in the rebate for clinical psychologists is considered.

(iv) the impact of changes to the number of allied mental health treatment services for patients with mild or moderate mental illness under the Medicare Benefits Schedule;

As a provider of clinical psychology services through the Better Access Initiative, I was shocked and distressed to hear about the planned cuts from a maximum of 18 sessions down to 10 sessions per year, funded by Medicare. I have had great outcomes for my clients through this program, and found over 10 sessions to be very important for a proportion of those I treat. I do not believe 10 sessions is sufficient to meet the needs of many consumers that I see. A large number of my clients are those with severe and chronic mental health concerns with associated co-morbidities. Their referring GPs have also considered more than 10 sessions to be necessary for their recovery. I am convinced that reducing the number of sessions available to my clients would have an adverse impact on their mental health, due to not receiving enough treatment. Many of my clients are also limited financially, so would not be able to cover the cost of extra sessions themselves. Under-treatment could result in more pressure on the health care system and even the economy of this country.

I understand that there is an argument that those with more severe conditions should seek services through private psychiatry, public mental health services and the ATAPs program. From working in the mental health field, my belief is that many consumers will miss out on adequate treatment or not receive any at all. The services I have mentioned are quite limited and difficult to access, and can be quite costly for individuals. Furthermore, I believe that many people would not want to seek or even require psychiatry or mental health team intervention, instead of the service that

clinical psychologists such as myself provide. I have spoken to many of my colleagues (clinical psychologists), who would agree with my comments on this matter. In conclusion, I strongly protest against the reduction of number of psychology sessions provided under the Better Access Initiative and would argue for the maximum of 18 sessions per year to remain as it is.

(c) the impact and adequacy of services provided to people with mental illness through the Access to Allied Psychological Services program;

As I mentioned above, it seems unlikely to me that all people requiring an extensive service due to severe and chronic mental health problems will be able access services through ATAPS. I have found it difficult to locate such services when I have sought to, out of interest. I am also unclear of the qualifications and expertise of those providing services under ATAPS.

(d) services available for people with severe mental illness and the coordination of those services;
(e) mental health workforce issues, including:
(i) the two-tiered Medicare rebate system for psychologists,
Please see my response, above.

(ii) workforce qualifications and training of psychologists, and
(iii) workforce shortages;
(f) the adequacy of mental health funding and services for disadvantaged groups, including:
(i) culturally and linguistically diverse communities,
(ii) Indigenous communities, and
(iii) people with disabilities;
(g) the delivery of a national mental health commission; and
(h) the impact of online services for people with a mental illness, with particular regard to those living in rural and remote locations and other hard to reach groups; and
(j) any other related matter.

I appreciate you taking the time to consider my submission.

Regards,

Nadia Del Col
Clinical Psychologist